

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577057

FILING DATE

4.24.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7	1					
8	1					
9		2				
10		2				
11		1				
12		2				
13	1					
14	1					
15	1					
16		3				
17		3				
18		3				
19	1					
20	1					
21		2				
22		2				
23		1				
24		2				
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49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						